

NORTHFIELD BOARD OF HEALTH
69 MAIN STREET
NORTHFIELD, MA. 01360
(413) 498-2901 Phone FAX: (413) 498-5103

TEMPORARY FOOD SERVICE APPLICATION

Name of Business: _____

Name of Owner: _____

Address: _____

Mailing Address (if different): _____

Telephone: _____

LOCATION OF MOBILE FOOD SERVICE: _____

Have you submitted your application for a Common Victualer's License from the Select Board Office? Yes: ____ No: ____

Base of Operation (if food is to be prepared off-site from temporary site):

Type of food(s) being served:

_____	_____
_____	_____
_____	_____

How will refrigerated items be kept cold while at the site? _____

How are hot items to be heated and maintained? _____

Where will hot water for hand/pot washing be supplied from? _____

Has Applicant/Owner been trained in Food Certification Course? Y__ N__

Has a "Person in Charge" been named? Y__ N__

If so, please state name of "Person in Charge": _____

Type of Food Service Unit: (Check all that apply)

Mobile Trailer _____ Permanent Building _____ Pushcart
Other: _____ (please specify)

OVER--→

FOOD STORAGE

Is adequate freezer and refrigeration (mechanical/ice) available to maintain frozen foods at a frozen state, and refrigerated foods at 41° degrees F and below?

Yes: _____ No: _____

Will each refrigerator or freezer be supplied with a thermometer?

Yes: _____ No: _____

Number of refrigeration units: _____

Number of freezer units: _____

Note: Packaged foods shall not be stored in contact with water or undrained ice. Wrapped sandwiches shall not be stored in direct contact with ice.

Protective covers must be provided for unwrapped foods on display.

Signature of Vendor: _____

Please sign and return with fee (check made payable to Town of Northfield) to:

Northfield Board of Health
69 Main Street
Northfield, MA 01360

Thank you. If you have any questions, please call David Zarozinski at 413-549-3710.